

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2409

Registration District No. 249

Primary Registration District No. 5347

Registrar's No.

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town Rural Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 (Specify whether years, months or days)
 In this community 25 years, months or days

3. (a) PRINT FULL NAME

Ada B Silvey3. (b) If veteran, name war X3. (c) Social Security No. no

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, 2 divorced Widowed
 6. (b) Name of husband or wife Robt W Silvey
 6. (c) Age of husband or wife if alive Dec 2 - 1871 years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 69 Months I Days 8
 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)10. Usual occupation House Wife

11. Industry or business

12. Name George Clark
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Jessie Corhart
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Coffey, Mo R.F. #
 (b) Address Burial
 17. (a) (Burial, cremation, or removal) (b) Date thereof I/13/41 (Month) (Day) (Year)
 (c) Place: burial or cremation Coffey, Mo.

18. (a) Signature of funeral director Stromer
 (b) Address Pattonsburg, Mo.

19. (a) Jan 14, 1941 (Date received local registrar)
 (b) Wm H. Cunningham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Washington Two R.F.D #1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? / years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1941 hour II minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1941, to Jan 10, 1941;
 that I last saw her alive on Jan 10, 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Influenza Duration

complicated with
 Due to Acute Endocarditis

Due to 272 P
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations /
 Of autopsy /
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) /
 (b) Date of occurrence /
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place) (e) Means of injury /

23. Signature E. A. Stromer (M. D. or other) /
 Address Pattonsburg, Mo. Date signed 1-14-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. S. Horner*

Licensed Embalmer No. 2857

P. O. Address..... Pattonsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.